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CONFIRMATION NO. 8440

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|-----------------------------|---------------------------------------|--------------|------------------------|------------------------------------|
| SERIAL NUMBER<br>10/689,569 | FILING DATE<br>10/20/2003<br><br>RULE | CLASS<br>702 | GROUP ART UNIT<br>2863 | ATTORNEY DOCKET NO.<br>3130.01US02 |
|-----------------------------|---------------------------------------|--------------|------------------------|------------------------------------|

## APPLICANTS

Andrew B. Dittberner, Antioch, IL; *DNW*\*\* CONTINUING DATA \*\*\*\*\* *DNW*

This appln claims benefit of 60/419,676 10/18/2002

\*\* FOREIGN APPLICATIONS \*\*\*\*\* *NONE DNW*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* SMALL ENTITY \*\*

\*\* 01/23/2004

|   |                           |                        |                       |                            |
|---|---------------------------|------------------------|-----------------------|----------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no   | STATE OR<br>COUNTRY<br>IL | SHEETS<br>DRAWING<br>7 | TOTAL<br>CLAIMS<br>20 | INDEPENDENT<br>CLAIMS<br>2 |
| 35 USC 119 (a-d) conditions met<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance |                           |                        |                       |                            |
| Verified and Acknowledged<br>Examiner's Signature <i>[Signature]</i> Initials <i>DNW</i>  |                           |                        |                       |                            |

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## TITLE

Medical hearing aid analysis system

|                                   |   |   |
|-----------------------------------|---|---|
| FILING FEE<br><br>RECEIVED<br>450 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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